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DATENT ADDITION SEE DETERMINATION DECORD. Asplication of Pocket Number.

Substitute for Form PTO-875							10/710,272			30/2004	To be Mailed	
	Al	PPLICATION	AS FILE	D – PART I					HER THAN			
(Column 1) (Column 2)						_	SMALL	ENTITY 🗌	OR	SMA	ALL ENTITY	
L	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (l),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(I))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. S 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s									
Ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	11/13/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	* 30	Minus	 30	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	***4	= 0]	x \$ =		OR	X \$200=	0	
Ĭ	Application Size Fee (37 CFR 1.16(s))											
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
Ļ		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
딦	Total (37 CFR 1,18(i))	*	Minus	*	=	1	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	l	x \$ =		OR	x s =		
员	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
TOTAL TOTAL ADD'L OR ADD'L FEE FEE												
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "The "Highest Number Previously Paid For" for IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This Internation is required to high the paid in the appropriate box in column 4.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO) reprocess) an application. Confidentiating is governed by 35 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 122 missing the foliation of the state of the USPTO. Time this collection is estimated to take 122 missing the temperature to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for meticing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-4450. DN TS-COMPLETED FORMS TO THIS

ADDRESS. SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-4450.